

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

36385

Do not use this space.

9962

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No..... En route City Hospital #1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arnold Hemmersmeier

(a) Residence, No. 5095 A. N. Kingshighway St. 7  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
34 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

13. NAME Henry Hemmersmeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elisabeth Kerling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Hemmersmeier  
5095 A. N. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Oct 28 Th 1937

19. FUNERAL DIRECTOR Edward Koch

20. FILED Oct 27 1937 St. Louis St. Louis

Local Registrar.

## NO PHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/37 19

22. I HEREBY CERTIFY, That I attended deceased from  
 , 19 , to , 19

I last saw h. alive on , 19 Death is said

have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound in right side of head, self inflicted at his home, 5095a N. Kingshighway Blvd, on October 26, 1937, at about 4:30 P. M.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/26/1937

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Home

Manner of injury See Above.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn, M.D.

(Address) St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**